2411	N.	Charles	St.,	Baltimor
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CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Far newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Sarah Emma Ch	ambers 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wichnel	MEDICAL CERTIFICATION 20. DATE DE DEATH TELOMON Z 6 19 48 21 6:30
8.(b) Name of husband or wite late) James Chamber 7. Birth date of deceased (no day vr.) Argued 36 1881	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from 23 1948 to 7 2619 48 and that I last saw h and alive on 23 1948
8. AGE: Years Months Days If less than one day 46 3 27 hrs. min 9. Birthplace (Toys, county, and state)	
10. Usual occupation	Due 10
13. Birthplace / Kut Cs. May land 14. Maiden name May gam Wilmum 15. Birthplace / Kut Cv. May land	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Willem Butter	Autopsy results
Address Jalina, Jan Xo. Mary Agricology (Burial, cremation, or removal, Which?) Cemetery or crematory. Cemetery or crematory. Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Mean Galma Kent co. Maryland 18. Funeral director Marin V. William	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
1974.32 1948 Elizabeth May Cand (Date ree'd by registrar)	23. SIGNATURE Land To

JNFADING INK. Supply every item of information carefull. MARGIN RESERVED FOR BINDING

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MAR 2 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Par	Dist	No	2	10	4
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A CONTRACTOR OF THE CONTRACTOR	****	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Daint	Sizolar land County /Ca	ul -
(If outside city or fown limits, write RURAL and give searest town)	City or town liveles point	
How long in above place ot death?	(If outside city or town Whits, write RURAL	and give nearest town)
	Street No. (If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Socia	al Security Number
4. Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICA	TION
Timale Cal. of maniet	20. DATE OF DEATH Strucky 24	19.45 8 6.25 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I	
7. Birth date of	and that I last saw har alive on The same of the same	1948
8. AGE: Years Months Days If less than one day	Immediate cause of death	OURATION
64,117hrsmin.	Nichetia	4 300
8. Birthplace Kesset D. med	Oue to	
(Toyh, connty, and state)	/A	3-/-
10. Usual occupation	Que to	
	Other conditions	
12. Name Mennes 1 1. Springer 12. Name	1	
14. Maiden napolización Mesanso.)	(Include pregrater within 8 months of death) Major findings of operations. And the state of the	I luo one
14. Maiden namelassias Messas () 15. Birthpiace ()	Major findings of operations 1944 — 1949 — Date	of op,
18. Informant Seorge Corruges Heart	Andonsy results	
Address Woston 2ds	PHYStCfAN: Please underline the cause to which death should	
(Burial, greation of control Which?) Date thereof Fit 27/948 (month) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the fol	lowing; Date of
A Tour O Kasmill	Where did injury occur?	
W(1 10 1 + ++)	(City or town) (Coullingued at home, farm, industry, public place (where?)	
Location		at work?
18. Funeral director And The Figure 1997		~
Address Chestieller Sm	23. SIGNATURE Truck CO Land	elk
19. Attach 21.7 19.44 5 A Augustus Registrar Registrar	Address Oliceletain	M. D. or other
tivate rec d by registrari	ABBURSS	DE LE BIMBER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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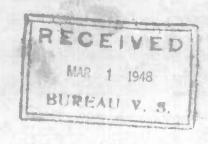
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT	TH:	nt		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				State Maryland County Kent		
				Indiana I		
How long in above place of	ande city or town	& 8 Tre	ears	City or town Chestertown (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of Hospital, Institution, or st	reet address when	e death accurred	·····	(II outside city of town (mints, write hours) and give nearest sown)		
Wat	er St.			Street No(If rural, give LOCATION)		
000010000011110000000000000000000000000		****************	••••••••			
How long in hospital or li	nstil ution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
	Frances	B. De	enton			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white	cir	ngle	- 11/41 VV 3700		
I CHICLE	WILLOE	1 211	TRITE	20. DATE OF DEATH		
B.(b) Name of husband or	wife non			21. ICERTIFY that death occurred on the date above stated: that Takender deceased from		
			c) If alive, give age	Veare 18 19 19 19 19 19 19 19 19 19 19 19 19 19		
7 Right date of				and that I fast saw h alive on 19.		
deceased (mo., day, yr.)		7	3'70	Immedicts gause of Scath		
8. AGE: Years	Months	Days	if less than one day	Masworth		
77	5	14	hrs	. min.		
a stateday Te	xas			Bue to Curous		
9. Birthplace	(Town	n, county, and	state)	Atmeth Fam		
10. Usual occupation	Secr	otomir	***************************************	Dorn utrougi		
11. Industry or business				a. Last of left astron		
	A abla	NT T	\			
			enton	Other conditions of the condit		
The state of the s	exas			(include pregnancy with 9 months of death)		
Li Maiden name	Margar	et Mun	chison	G Ma O		
14. Maiden name 15. Birthplace				Major findings of operations		
		issip		Date of op.		
16. Informant	s. Mild	red Wa	1.1.6	Antopsy results.		
Address C	hestert	own 1	6	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
				22. VIOLENCE: If dealh was due to extend causes, fill in the following:		
17 Ruria (Burial, cremation,	or removal. Which	Dale ther	eof Feb. 28. I (month) (day) (year	Accident, suicide, or homicide		
Cemelery or crematory		רונפ		Where did injury occur?		
Location nea	r - Che	sterto	um, IId.	Injured at home, farm, industry, public place (where?)		
18. Funeral director	J. Will	is Wel	<u>ls</u>	Means of Injury Injured at work?		
				1) but Inuch		
Address	Chester	,	A	23. SIGNATURE		
19. Feb. 26	19.48	C	laca L. Barra	M. D. or better work was pale signed to be by d.		



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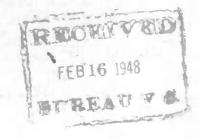
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: / full	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	0
County City or town Man Massey	State May Rounty / Con	1
City or town. (If outside city or town limits, write ADRAL and give nearest town)	May be a	
How long in above place of death?	City or town	ve nearest town)
Hospital, institution, or street address where death occurred:		
	Street No	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Secu	arity Number
Gazeph Juin	nn	u
4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white Married	20. DATE OF DEATH TECHNOLOGY 9 19	48 10 30 a
5.(b) Name of husband or wife Janusis Highway	21. I CERTIFY that death occurred on the date above state of that I attended	
7. Birth date of		1948
deceased (mo., day, yr.) My (31, /8 / 8	Immediate cause of death. Coronary	
8. AGE: Years Months Days If less than one day	ciclusin	SecoND
//5hrs. /	in.	
lo- 0 mil	Q +- : 0.00	
9. Birthplace (Town, county, and state)	Due to	********
Comenta.		
10. Usual occupation.	Due 10	
11. Industry or business		
12. Name Joseph Light St. 13. Birthorace	Dither conditions Jen. Cutaris Helmon	~ 20 yr
m.11.61/2	(Include pregnancy within 3 months of death)	
14. Malden name Jane Walliams	Major fiedings of operations	
15. Birthplace		
me di loi	Date of op.	
16. Informant Mrs. T. Gryns Lighty	Autopsy results	
Address Halens Mil		arged statisticany.
Busial St. 12.194	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sutcide, or homicide	***************************************
Cemetery or crematory. Iglina	Where did injury occur?	469A - 4
Demetery of Crematory.		(State)
Location Location	Injured al home, farm, Industry, public place (where?)	
18. Funeral director 6 devant Fellows	Menns of Injury Injured at work	?
Address Millington, Md,	V. 0 2 (2)	li lua
d1 a sel 1 of 11	23. SIGNATURE	(D or other
19 Fet. 11, 19 48 Caward Fellow	I Stale und	2/11/48
(Date rec'd by registrar) Registr	ar Address Date st	gned



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

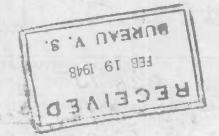
County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbory infants the residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Remale Col. Midowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19. 4 8 21 3 6 M
6,(b) Name of husband or wife	21. I CERTIFY that death accurred oo the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.) april 18-1872	and that I last saw harmalive on 19.
8. AGE: Years Months Days It less than one day	Immediate cause of death
7	
/3hrsmln.	
9. Birthplace	Due to arterio polerrors
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
H 12. Name	Dither conditions. home
E	Diner conditions.
	(Include pregnancy within 3 months of death)
14. Malden name Cachel Tenninton	
15. Birtholace Milms Wal	Major findings of operations.
Place Viceline (In)	- Date of op.
16. Informant	Autopsy results.
Address Margal Mustewille Mrs.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 0 A.L. 919118	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which (wenth) (year)	Accident, suicide, or homicide
Cemetery or crematory Mustawille Cong. p.	Where did injury occur? (City or town) (County) (State)
A Chat will not	
Location Ung Couly Couly	Injured al home, tarm, industry, public place (where?)
18. Funeral director & clubed Fellows	Meens of Injury Injured at work?
milli the	1/11/1/ 1/1-
Address Millington Ma	23. SIGNATURE. HT FY annulu
(Date ree'd by registrar) 19 48 Elwan Registrar	23. Stundardie M. D. organie M. O. organie M



CERTIFICATE OF DEATH

80	2411 N. Charle	es St., Baltimore
rect	CERTIFICAT	TE OF DEATH Reg. Dist. No. 300
carefully. The corarly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If Lyral cive LOCATION)
	How long in hospital or institution?	2.(a) It veteran, name war
formation f death cle	3. (2) FULL NAME Sand Illeaves	3. (b) Social Security Number 078-03-1410
em of inf	2. Sex Solor orace 6.(a) Singlé, married, widowed, or divorced	20. DATE OF DEATH 20. DATE OF DATE OF DEATH 20. DATE OF DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DATE O
every item te the cau	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the tists above stated; that I attended deceased from the tists and the tists are the tists and the tists are the tists and the tists are the tists
Supply e	8. AGE: Years Months Days It less than one day	Instediate canages death of the Med A SCHATION
F. Id	9. Birthplace	Due to July have to
ADING IN Physicians:	11. Industry or business TUSTILLETUN (FM)	Due to
WITH UNF	12. Name 12. Name 12. Name 13. Birthplace 14. Malden name 16. August 14. Malden name 16. August 15. August 16. Augu	(Include pregnance within 3 months of death) Major findings of operations.
- 5	16. Interment Was The Mid Morth	Autopsy results.
PLAINLY, is especially	Address Tolotta Mel Date thereot (May) (year) 17. (Burial, cremation, or removal, Which?)	PHYStCIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, till in the following: Accident, suicide, or homicide
WRITE P	Cemetery or crematory Oliver Stell	Where did Injury occur? (City or town) (County) (State)
	18. Funeral director	Meens of Mytry Injured at work?
PLEASE	19. Feb. (9) 19.45 Elyabeth Models (Date rec'd by registrar)	Address A Later New Date signed 1 1 41

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M Sect age	•	TE OF DEATH 92d Reg. Diat. No.
on carefully. The correlearly and legibly.	1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Shue 26 Form How long in hospital or institution?	Street No
RESERVED FOR BINDING INK. Supply every item of informati ans: please write the causes of death	3. (a) FULL NAME Em ma Hazelton 4. Sex 5. Color or race 6. (Single, married, widowed, or divorced 2. Lower of the law of the la	MEDICAL CERTIFICATION 20. DATE OF DEATH. Tobracy 19 1848 at 2 7
	8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Commonwealth Com

WITH UNFADING important. Physici 11. Industry or business

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HER	12.	Name	Hay	ettini a a B
FAI	13.	Birthplace	0	not Known
THER	14.	Malden name Birthplace		a Piner
MO	15.	Birthplace	207	Luvyn

18. Funeral director

(Include pregnancy within 3 months of death)

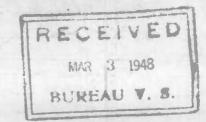
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

(County)

Injured at homo, farm, Industry, public place (where?) ... Means of Injury Injured at work?



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20/

	Keg. Dist. No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County & Cash	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Massaglassed County Level
	City or town Deliterton Tue
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or agreet address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Earnest It Horsey	or (o) steam seeming masses
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While prairied.	TI-D
• • • • • • • • • • • • • • • • • • • •	20. DATE OF DEATH
8.(b) Name of husband or wife Anna Museum & forself	21. LCERTIFY that death occurred on the date above stated; that Lattended deceased from
	Jan 6 1928, 10 Tel-1 1948
7. Birth date of	and that I last saw h saccalive on Feb 1
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Cirrhosis VI live
77 1 24hrsmin.	
(0) 0	
9. Birthplace Sellewase	Due to.
(Town, county, and state)	
1D. Usual occopation.	Due to
11. Industry or business Lynn folk of Hirrdwase.	
12. Name Maryland Waryland	Dther conditions
	(Include pregnancy within 5 months of death)
14. Maiden name MANAYC Rught Frankly 15. Birthplace Sunikurille Darch	
8 . 1 . 1	Major findings of operations.
E 15. Birthplace Sunfanlle Tud	Date of op. X
16. Intermant Louis Turismil & Horsey	Autopsy results
Address 13 exteriors Oned	PHYSICIAN: Please vaderlice the cause to which death should be charged statistically.
12 Figure	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
(Buriar, cremation, or removar, which)	
Cemetery or crematory	Where did injury occur?
Location Still Haud Mid.	Injured at home, farm, industry, public place (where?)
18. Funeral director 1345 the third	Means of Injury Injured at work?
Address Still found med.	Su Plui T
The Mark of the	23. SIGNATURE Decelo acom lo edina.
19 For 5 1948 XMERGIB	B. 1. 1 M. D. or other 1. 1. 5-19.14
(Date rec'd by registrar) Registrar	Address Dellerlon 111. Date signed 1465-1948

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BUREAU V. S.

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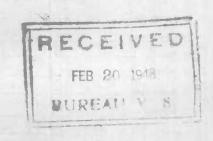
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: / +	2. USUAL RESIDENCE (HOME) OF DECEASED: (För-newborn infants give residence of mother)
County	State Mary land County Kint
(If outside city or town limits, write RURAL and give nearest town)	P 11 11
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Tralitude Food
Kint and Chum Ann Idospilal	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Margant V. Hyland	220-26-2922
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 unale thile Willowed	20. DATE OF DEATH. Toloriany 15 19 48, at 630 PM
8. (b) Name of husband or wife (late) John W. Idyland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(7) Name of Hussaine of Witch	T-ly 7 1948 10 15 15 18 +8
7. Birth date of	and that I last saw h. 27. alive on 2-15
deceased (mo., day, yr.) 8 A.G.E. Years Months Days It less than one day	Immediate causa of death OURATION
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73 7 /3hrsmin.	Hyperteus war extensi selessis
9. Birthplace (Town, county, and state)	Due to Chiran Sado - myocarditis
10. Usual occupation	Pueto Carcinoma o vulva
11. Industry or business a homing	000 10
12 Name ans Hi Vanzant	Other conditions
12. Name ans H: Vanzant 13. Birthplace Cicil Co. Many land	
	(Include pregnancy within 3 months of death)
14. Maiden name Clana: Boste 15. Birthplace Cicil Co. Mary land	Major fiadiuge of operations.
\$ 15. Birthplace Cicel Co. Mary land	Date of op.
18. Interment Mrs. O. Selfato 127 Cause	Autopsy results
Address Koch Half, King Co. Manyland	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burnel, Gurlel, cremation, or removal, Which?) (Burlel, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Whattage Changes	Where did injury occur? (City or town) (County) (State)
Location Arch Hall, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Marin U. William	Means of Injury Injured at work?
Address Chiefutin Maryland	23. SIGNATURE alberta. Burgard
19. Febr. 18, 1948 Clara S. Barnes.	Address Rock Hall, had Date signed 2/12/+8
(Date rec'd by registrar) Registrar	Address 16000 Tall 1716 Date signed 7/11/18



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()177()
Reg. Dist. No. 204

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1. PLACE OF DEATH: ~ _	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mangland County Just
How long in above place of death?	(If outside sity of town limits, write BURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	OF THE
Fairles Kent Co. Jud.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME (Henem)	3. (b) Social Security Number
4. Sex 5. Color or race 6.(4) Single, married, whowed, or divorced	MEDICAL CERTIFICATION
Send Col wind	<u> </u>
male Col. Widned	20. DATE OF DEATH / Library 25 1948 at 4100 F.
8.(b) Name of husband or wife (lander) Lucinda Lyman	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from
7. Birth date of S	and the less thanh of all on the traction
deceased (mo., day, yr.) une 1, 1886	Importe consect with and med Rhay Mistaglike
8. AGE: Years Months Days It less than one day	The state of the s
61 8 24hrsmin.	min of themal
9. Sirtholace Kent Co. Manyland	Due to Due to Contest to Vis
(Town, county, and/state)	11.6
10. Usual occupation	Due to All Trus fallet
11. Industry or business Jan	7
0 1 /	Hour to flew to 31 /24
12. Hame John: Hyman 13. Birthplace Mulitola that co. Mul.	Dither conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Useksson.	Major findings of operations UVU
\$ 15. 6!rthplace lunhnum,	Date of op.
16. Informant Chia Parker	Autopsy results.
Address Fairle Kent Co. Man land	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B: 1 = 1 = n 1646	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or cremetery Mulitata	Where did injury occur?
Wilte Kit 1 Ma PI	Injured at home, farm, industry, public place (where?)
Location Jan Line Line Line Line Line Line Line Lin	Means of nury Injured at work?
16. Funeral director Many V. William	The state of the s
Address Chuckerlown Manyland	to de hill his less the
OTT 12 0 4 (1/11-11)	25. SIGNATORS OF SIGNATURE M
19 Stel de 19 8 Vignilles	1 / Dr. of Von /110 2016 100

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Stel 27 (Date rec'd by registrar)

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RUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01771
Reg. Dist. No. 203

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Louis asbury Smith	3. (b) Social Security Number		
4. Sex 5. Color or race f.(a)Single, married, widowed, or divorced while wildowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH RINGRY 2 1948 21 6 589 M		
8.(6) Name of husband or wife. Energy Postfur Smith 8.(c) If allve, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. 20. 19. 48. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48.		
8. AGE: Years Months Days If less than one day 91 5 6 hrs. min. 9. Birthplace Months Co hrs. min. 10. Usual occupation Valuation Valua	Immediate cause of death Old aga Dericle demandia Due to arterio Elevandia Due to		
14. Malden name	(Include pregnancy within 3 months of death) Major fiadiugs of operatious		
Address Rock Hall Just 17. (Burial, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Autopsy results		
Cometery or grametry Wasley Chapel Cemetery	Where did injury occur?		
18. Funeral director Edgan L. Lane. Address Colomba Hill Mid.	Means of Injury Injured at work? 23. SIGNATURE Gellert G. Burgard M. D. or other		
19. 2 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Tocktall Malate signed 212 18		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a MARGIN RESERVED FOR BINDING

VS A15



correct age

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE PLAINLY,

RESERVED FOR BINDING

MARGIN

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

132

01772 Reg. Diat. No. 202

CERTIFICATE OF DEATH

County	County City or lown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race S.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. THE LANGE OF MEDICAL CERTIFICATION		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. 10. 19. 46. 10. 71. 40. 24. 19. 48. and that I last saw h. 27. 20. 21. 24. 24. 24. 24. 25. 24. 26. 26. 26. 26. 26. 26. 26. 26. 26. 26		
11. Industry or business 12. Name Archivery 13. Birthplace A A Clayton 15. Birthplace Del	Due to		
16. Informant Marian E. Michaelan Address Chestertown 17. Bursal (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Antopsy results PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Commetery or crematory Crumpton Location Crumpton, MA	Where did injury occur?		
18. Funeral director E. Raman. Address Church Hill md. 19. February 1847 Clara & Barnas. Registrar	23. SIGNATURE L. P. alwall M. D. or other 2 - 254		
(Date rec'd by registrar)	Address Dato signed		



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MARYLAND STATE DEPARTMENT OF HEALTH

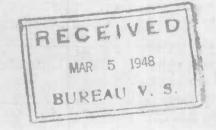
2411 N. Charles St., Baltimore

1800

01773

CERTIFICATE OF DEATH

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City or town City outside city or Coven limites, write RURAL and give marrest town) City or town City or town with write RURAL and give marrest town) City or town City or town with write RURAL and give marrest town) City or town City or town City or town with write and town City or town with write and town City or town City o	County	1-1 1 1 1.1 -
Revising in above piace of feelb? Street No. Street	City or town	Slate County County
Street No	How long in shore place at death?	City or town
Rev long in hospital or insiliution? 2.(a) It reteran, name war 3. (b) Social Security Number 33. (c) Social Security Number 33. (d) Social Security Number		202 Sundeline
3. (a) FULL NAME Jonglas Olfander Jengle 3. (b) Social Security Number 3. (c) Full Security Number 3. (c) Full Security Number 3. (c) Full Security Number 4. Sex 5. Color or race 5. (c) Is alive, give ago 7. Serin dete of 6. (c) If alive, give ago 9. Birthplace 7. Serin dete of 9. Birthplace 7. Crown, county, upd state) 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden game. 15. Birthplace 16. Information 17. Serind detention, or removal. Which is a state of the stat	202 Synchling It	(If rural, give LOCATION)
3. (a) FULL NAME Jonglas Olfander Jengle 3. (b) Social Security Number 3. (c) Full Security Number 3. (c) Full Security Number 3. (c) Full Security Number 4. Sex 5. Color or race 5. (c) Is alive, give ago 7. Serin dete of 6. (c) If alive, give ago 9. Birthplace 7. Serin dete of 9. Birthplace 7. Crown, county, upd state) 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden game. 15. Birthplace 16. Information 17. Serind detention, or removal. Which is a state of the stat	How long in hospital or institution?	2.(a) If veleran, name war
4. Ser 5. Color or race 6. (a) Single, married, vidored, or divorced 8. (b) Hame of husband or wite. 8. (c) It alive, give age 9. Birth date of deceased (no., day, yr.) 9. Birthplace 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. Adopsy results 19. Single of month of the same of the sa		3. (b) Social Security Number
B. (b) Hame of husband or wite 8. (c) If alive, give age 7. Birth date of deceased (mo. day, yr.) 8. AGE: Veirs Months Dayy It less than one day 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 202 synulling M. Autopy results Address 202 synulling M. Autopy results Autopy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 20. Date of DEATH. I. D. A. States 18. M. M. States 18. M. M. States 18. M. M. States 18. M. M. States 19. Birthplace 20. Date of pears in the fade above fields: that I altywise deceased Affin 21. States and that I altywise deceased Affin 22. Maiden name of the fade above fields: that I altywise deceased Affin 23. M. M. States 18. M. M. States 19. Birthplace of the fade above fields: that I altywise deceased Affin 24. Maiden name of the fade above fields: that I altywise deceased Affin 19. Birthplace of the fade above fields: that I altywise deceased Affin 19. Birthplace of the fade above fields: that I altywise deceased Affin 19. Birthplace of the fade above fields: that I altywise deceased Affin 19. Birthplace of the fade above fields: that I altywise deceased Affin 19. Birthplace of the fade above fields: that I altywise deceased Affin 19. Birthplace of the fade above fields: that I altywise deceased Affin 19. Birthplace of the fade of the fade above fields: that I altywise deceased Affin 19. Birthplace of the fade of the f	Longlas alexander Je	
8. (b) Name of husband or wife 8. (c) Hame of husband or wife 7. Birth date of deceased (me., day, yr.) 8. AGE: Valve Months 9. Birthplace (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace (Town, county, and state) 14. Maiden name (Include pregnancy within a moneys of death) Major findings of operations. 16. Informant Address 20. Lynching M. Actions (County) Date thereof (Burish, overmation, or removes. Within) Date thereof (Burish, overmation, or removes. Within) Date thereof (Count), day) (year) Commetery or coemsters. (City or town)	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Valve Months Dayy If loss than one day 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 202 Ayulland Address 202 Ayulland Address 202 Ayulland Address 203 Ayulland Address 203 Ayulland Address 204 Autopsy results 11. Date thereof (Jay) 12. Valve under the dayh occurred the dayh occur	Smale Col Single	20. DATE OF DEATH 76 79 19/9 at M
T. Birth date of deceased (mo., day, yr.) September Septembe	B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date obove stated; that I attended deceased from
T. Birth date of deceased (mo., day, yr.) Application Day If less than one day	. S.(c) If alive give age	19 19 19
8. AGE: Vehry Month's Dayy If less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name	7. Birth date of	a a 15 m 4 1111 e a 15/11/11 1
9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name		Immediate cause of death. DWATION
9. Birthplace	1/2 44 1 4	
10. Usual occupation 11. Industry or business 12. Name	77 T T T T T T T T T T T T T T T T T T	
10. Usual occupation. 11. Industry or business Due to	9. Birthplace allfande Virginia	Due to.
11. Industry or business 12. Name	La Atri	The over a large
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 202 Synulbry St. Chututan (Buriai, cremation, or removal, Which) Date thereof (Buriai, cremation) Date of Date o	10. Usual occupation.	Due to
14. Maiden name Chris January Christian Major findings of operations Major findings of operations Major findings of operations Date of op		1/CCA EM
14. Maiden name Chris January Christian Major findings of operations Major findings of operations Major findings of operations Date of op	12. Name Thomas Veryle	Other conditions
15. Birthplace 16. Informant Address 202 Synchling St. Chestistically. Date thereof. 3/3/48 (Burial, cremation, or removal. Which) Cemetery or crematory Cemetery or crematory Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: Indeath surface of the provide of the pr	13. Birthplace	
16. Informant Address 202 Synulling St. Churchian Manylor 17. Burial (Burial, cremation, or removal, Which) Date thereof (Manylor) Cemetery or cremator) Cemetery or crematory Company of the state of the stat	14 Maidan nama Chrie Tangele	41/n0 ·
16. Informant Address 202 Synulling St. Churchian Manylor 17. Burial (Burial, cremation, or removal, Which) Date thereof (Manylor) Cemetery or cremator) Cemetery or crematory Company of the state of the stat	Lo Vaise	
Address 202 Lynching St Chestration Manyland 17. Burial (Burial, cremation, or removal, Which) Date thereof. 3/3/48 (month) (day) (year) Cemetery or crematory. Cemetery or crematory. Compared the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: Hoteline, was due to external causes, fill in the following: Accident, suicide, or horicide. Where did in any occur. City or town) (State)	L. M. A.	Date of op.
Address 202 Synthing St. Checksham 17 Burial Date thereof 3/3 / 48 (month) (day) (year) Cemetery or crematory Checksham Community	16. Interment are then - Commen dem Wigh	Autopsy results.
Date thereof (Burial, cremation, or removal, Which) Cemetery or crematory Date thereof (Month) (day) (year) Where did injury occur (City or town) (County (State)	Address 202 Lynchburg St Chestulan Manyland	
(Buriai, cremation, or removal. Which?) (month) (day) (year) Cemetery or cremator) Where did in are occupant (City or town) (County (State)	Burial Date House 3/3/48	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cemetery or crematory Where did in try occyl (City or town) (County (State)	(Buriai, cremation, or removai, Which?), (month) (day) (year)	land to
1 Al I - 1 t a les l l l l la l	file to P. F. Colone Have	Where did in try occy (City or town) (Quinty (State)
	Location these Chestulone Kent a. Many land	tnjured at hime, tarm, industry, public place (where?)
18. Funeral director	18. Funeral director Manne U. Williams	Meansjot lightpur What I work?
Address Chestulon Maryland State True & Law Kiel 6	Address Chestelow Mary land	The True Have Kull
19. March 3 1948 Clara & Barris Registrar Registrar Address Date signed Date signed	19. March 3 1948 Claral Barris	1000



2411 N. Charles St., Baltimore

01774 Reg. Dist. No. 2-03

CERTIFICATE OF DEATH

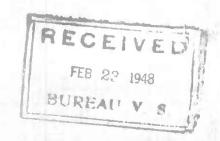
1. PLACE OF DEATH: Kent				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
buunty		State Maryland Coun	kent.				
City or town Near - Rock Hall (If outside city or town limits, write RURAL and give nearest town)		City or town		******************			
How long in above place Hospital, institution, or			: · · · · · · · · · · · · · · · · · · ·	(If outside city or town limits,	write RURAL and give neares	t town)	
noopitet, motterion, or				Street No. (If rural, give			
How long in hospital or	institution?		······································	2.(a) If veteran, name war	***************************************		
3. (a) FULL NAMI	E				3. (b) Social Security Nu	mber	
STATE OF STREET	Hettie G	reenw	ood Thompson		no		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	MEDICAL CERTIFICATION		
female	white	wi	dowed	20, DATE OF DEATH. Feb. I9	19. 48, at	9:20 ^A	
6.(b) Name of husband	or wife J. Hy	die 4	hompson	21. I CERTIFY that death occurred on the date above Feb. 19th. 19.			
***************************************		6.(0	e) It alive, give ageyea	and that I last saw her alive on Feb	. 19. T948	19abC	
7. Birth date of deceased (mo., day, y	m) Mar. I	6, I8	78	Immediate caose of death Cardiac	Thrombosis	OURATION	
8. AGE: Yeare		Daye	If lese than one day	Immediate cross of death		MONATION	
74	II	3	hreml	in.			
9. Birthplace Chestertown - Kent Co. Maryland (Town, county, and state)				nd Oue to Cardoo - Vascul	lar Disease		
				•••••••••••••••••••••••••••••••••••••••		******************************	
				Use to			
11. Industry or busines		Gree	nwood				
13. Birthplace	New Jers	ey	الماد الانطاط	Other conditions (Include pregnancy within 3 m			
H 14 Maiden name	Lucy B	urges	S				
LO CONTRACTOR OF THE CONTRACTO	Marulan	d		Major hodings of operations			
14. Maiden name Lucy Rurgess 15. Birthplace Maryland							
16. Informant.				Aotopsy resolts			
	Rock Hal			22. VIOLENCE: It death was due to external caus	ses. fill in the following:		
Rurial Oate thereof Feb. 22 I948. (Burial, cremation, or removal. Which?)			Feb. 22, 1948	Accident, sulcide, or homicide			
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Chestertown XXXXX Cem.			month) (day) (year)	Where did injury occur?			
				Where did injury occur?(City or town)			
Location Chestertown, Md.			d.e				
19. Funeral director Ja Willis Wells			ls	Meane of Injury	injured at work?		
	Oh			2 1 31	1-11		
			11	23. SIGNATURE Daud	M. D. or	ther /	
19. (Date rec'd by re	19.7.6	JC	livo of Brugosa	ar Address Checkerlo	Oate eigned	4/48	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

e corpect age



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

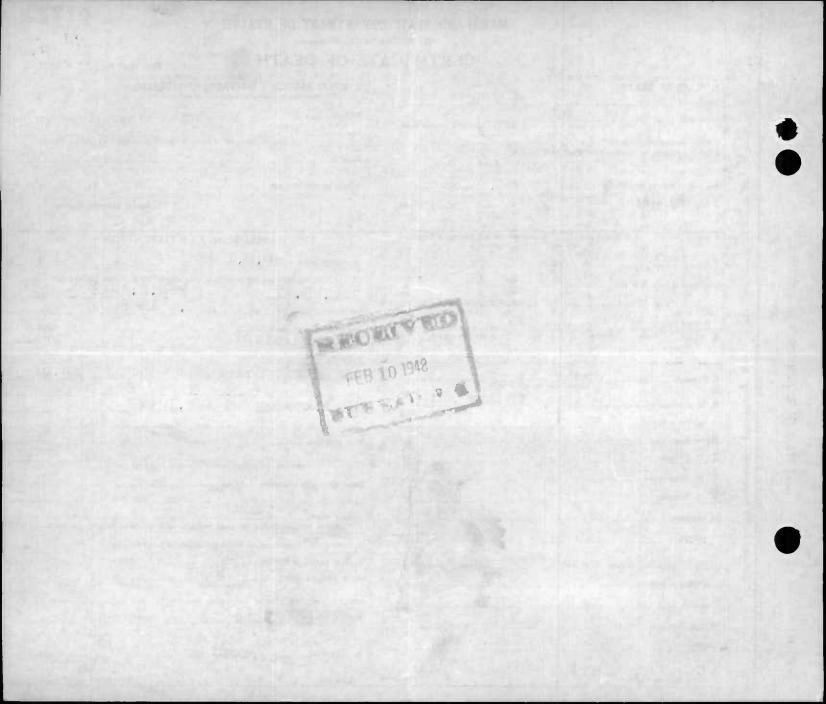
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Chastentown	state Maryland County Kent		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town Chastertown (If outside city or town limits, write RURAL and give n	earest town)	
Hospital, Institution, or street address where death occurred:	Street No.		
Washington Ave.	(If rural, givo LOCATION)	•••••••	
How long in hospital er tostitutien?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security	Number	
Frederick G. Usilton	213-16-79	06	
4. Sex 5. Color er race 6.(a) Single, married, widowed, er diverced	MEDICAL CERTIFICATION		
male white Married	20. DATE OF DEATH Feb. 6, 1948 19.	a l P M	
6.(b) Name of husband or wife Addie H. Usilton	21. I CERTIFY that death occurred on the date above stated; that I attended de	ceased from	
living 8.(c) If elive, give age years	Feb. 20.47 and that I last saw him alive on Feb. 6 1948	19	
	and that I last saw h Im alive on FeD. 0 1940	18	
deceased (mo., day, yr.) Feb. 8, I867	Immediato caose of death	DURATION	
8. AGE: Yeare Months Days If less than one day	Myocarditis	2 weeks	
80 II 28hrs,min.			
9. Birthplace Kent County Namy and (Town, edunty, and atate)	Due to Atrio Sclerosis	no.of yr	
10. Usual occupation. Printer Billion Faitor	Due to Apoplexy in Feb. 1947		
tt. Industry or business Newspaper			
12. Name. Wm. R. Usilton 13. Birthplace Kent Co. Md.	Dther cenditions	•••••••••••••••••••••••••••••••••••••••	
	(Include pregnancy within 8 months of death)		
t4. Malden name Mary Frazier 15. Sirthplace Kent Co. Md.			
5 15. Birthplace Kent Co. Md.	Major fiedings of operations		
Man Addin Todili	Actorex results NOTIE	***************************************	
t6.Informant Mrs. Addie Usilton	Actopsy results		
Address Washington Ave. Chestertown. 1d		a statisticany.	
Burial Feb. 8 T948	22. VIOLENCE: If death was due to external causes, filt in the following:		
Burial (Burial, cremation, or removal, Which?) Bafe thereof, Feb. 8 1948 (month) (day) (year)	Accident, suicide, er hemicide		
Cemetery er crematory Chester Cema	Where did injury occur? (Gity or towo) (County)	(Ctota)	
Location Chestertown, Md.	Injured at home, farm, industry, public place (where?)	200000000000000000000000000000000000000	
18. Funeral director J. Villis Wells	Means of plury NOME Injured 2f work?	-	
Address Chestertown, Md.	23. SIGNATURE TO CONTINUE MICHIES MI	A	
19 Febr. 7 19 48 Clara & Barnes. (Date rec'd by registrar)		18 other	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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01775 Rog. Dist. No. 202

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Kent				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Chastertown		" langland .					
(If outside city or town limits, write RURAL and give nearest town)		Chartontown					
			***************************************	City or town	, writs RURAL and give no	earest town)	
Hospital, Institution, or street	et address where	death occurred	:	Street No			
108	Lynchb	irg 57	J •	(If rurai, give			
How long in hospital or inst	Itution?		***************************************	2.(a) If veteran, name war	***************************************	***********	
3. (a) FULL NAME					3. (b) Social Security	Number	
	Ella W				no		
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
female	colore	d w	idowed	20. DATE DE DEATH Feb. 6.1948	19	,12.30 4	
			0	21. I CERTIFY that death occurred on the date about attend Inves	tigated de	eased from ath signe	
7. Birth date of		6.(0) If alive, give ageye	ertificate as Deputy			
deceased (mo., day, yr.)	Jan. 2	5, I86	54	Immediate cause of death		DURATION	
8. AGE: Years	Months	Days	If less than one day	Myocarditis			
84	0	II		n.		yrs.	
K	ent Co	. Md.					
8. Birthplace	8. Birthplace Kent Co. Md. (Town, county, and state)			Arterioscleros			
10 liqual occupation	House	work	***************************************				
	Hom			Due to	***************************************	****	
11. Industry or business						*** ***********************************	
12. NameSho				Dither conditions		••••••••••••	
	Unkn	OWILL		47 1.3	AL		
14. Malden name	Unkno	WID.		(Include pregnancy within 8 m	jonetia of death)		
S 15 Bidhalass TF	known			Major findings of operations.			
To servingiace Off	Toron	iblo		None -			
16. Intermant Personal Rible				PHYSICIAN: Please underline the cause to whi	and a dead to absent	Latationia	
Address IOS Lynchburg St.			t.		•	stationcany.	
Rurial Date thereof Feb 1948 (Buriai, cremation, or removal. Which?)			. Feb. 194	22. VIOLENCE: If death was due to external caus			
11 Rurial Date thereof Feb.s. 1948 (Burial, cremation, or removal. Which?)		Accident, suicide, of nomicide		***********************			
		Neck	(col.) Cem	(00)	(County)	(State)	
Location Chestertown, Md.			Ja	Injured at home, farm, industry, public place (wh	ere?)		
T Willie Wolle				Means of Injury None	Injured at work?		
10. Funeral director	***************************************			Trans-the	100 h		
Address C	hestert		A	- ChuluDerutty W	Vont Co	NG.	
I. 1. 7	19. Feb. 7 1948 Clara S. Barnes. Registrar			23. STENATUR Deputy Med. I	Xam Aent M. D.	or other	
Date rec'd by registry	197D	سالين).	Registr	chestertown, Mc	Date signed.	2/0/40	



THE REPORT OF THE

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

0177

CERTIFICATE OF DEATH

County Kent	(For newborn infants give residence of mother) State		
Colons DFD			
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town. Calena R. F. D. (If outside city or town limits, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred:	Street No		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Samuel M. Yingling	VŁS		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH February 10 19 48 81 430 Am		
S.(b) Name of husband or wife Helen T. Vingling	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
living	September 19.46, 10 7 26, 10 19.48		
7. Birth date of Cont OT TO74	and that I last saw h		
deceased (mo., day, yr.) September 21. 10/4 8. AGE: Years Months Days If less than one day	Immediato cause of death Commany throughout DURATION		
o. Add.	340		
73 4 I9 mln.			
9. Biripplace Georgetown Virginia (Town, county, and state)	Due 10. arterio polerras		
10. Usual occupation retired farmer			
	Due to		
f1, industry or business	0. 0. = 0.00.		
12. Name Tacob Yingling 13. Birthplace Maryland	Other conditions		
≤ 13. Birthplace Maryland	(Include pregnancy within 3 months of death)		
14. Malden name Ida Rurna			
14. Malden name Ida Rilms 15. Birthplace Maryland	Major fludings of operations.		
115. Birmpiace Tiology Tiology	Date of op.		
16. Informant Mrs. Helen J. Yingling	Antopsy results		
Address Galena, Maryland			
Rurial (Burial, cremation, or removal, Which?) Date thereof Feb. 13 TO48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery or crematory. CHESIER CEM	Where did injury occur? (City or town) (County) (State)		
LOCATION CHESTERTOWN, MD.	Injured al home, farm, industry, public place (where?)		
	Means of Injury Injured at work?		
18. Funeral director. J. Willis Wells			
Address Chestertown, Md.	The Day of Jameshi M.D.		
,3 et. 10 ,48 Elizabeth & murfor	23. SIGNATURE M. D. or other M. D. or other 2/10/48		
(Dato rec'd by registrar) Registrar	Address Jolena / Wel Date signed 2/10/48		



CHARACTERINE NA.